

CITY CLERK  
ORIGINAL

C-9989-1  
05/09/2016



## Contract Extension

Date: May 9, 2016  
To: Chris Phelps

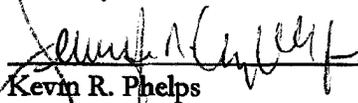
From: Anthony Weathersby  
Subject: Contract Extension No. 1  
Contract No. C-9989

Dear Chris,

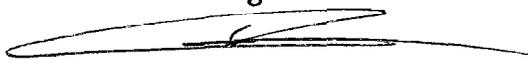
The current contract is expiring on May 18, 2016 and there is a one-year extension option available. Under the original contract, Section 5, the City of Glendale wishes to exercise its right to extend the contract for a one-year period from May 19, 2016 through November 18, 2016. This letter serves as the first extension and there is one (1) extension remaining.

Thank you for your consideration.

Sincerely,

  
Kevin R. Phelps  
City Manager

Mission Linen Supply, Inc. hereby acknowledges this contract extension and its intent to follow all terms of the original contract.

  
Name: Chris Phelps  
Title: General Manager

Please return three signed copies and the new insurance certificate for the extended term to:

City of Glendale Water Services  
c/o Anthony Weathersby  
7070 W Northern Ave  
Glendale, Arizona 85303



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2017

DATE (MM/DD/YYYY)

6/6/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 725 S. Figueroa Street, 35th Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Safety National Casualty Corporation</b>		<b>15105</b>
<b>INSURER B :</b> _____		
<b>INSURER C :</b> _____		
<b>INSURER D :</b> _____		
<b>INSURER E :</b> _____		
<b>INSURER F :</b> _____		

**INSURED**  
 1357199 Mission Linen Supply  
 702 E. Montecito St.  
 Santa Barbara CA 93103

**COVERAGES** MISLI06      **CERTIFICATE NUMBER:** 14090322      **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	GL4045506	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

**14090322**  
 Materials Management  
 5850 W Glendale Ave Suite 317  
 Glendale AZ 85301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Master Blanket Purchase Order ADSP013-047995**

**Header Information**

<b>Purchase Order Number:</b>	ADSP013-047995	<b>Release Number:</b>	0	<b>Short Description:</b>	Statewide Uniform Rentals and Laundry Services
<b>Status:</b>	3PS - Sent	<b>Purchaser:</b>	Michael Fleming	<b>Receipt Method:</b>	Quantity
<b>Fiscal Year:</b>	2013	<b>PO Type:</b>	Blanket	<b>Minor Status:</b>	
<b>Organization:</b>	State of Arizona				
<b>Department:</b>	ADSP0 - State Procurement Office	<b>Location:</b>	SPO - State Procurement Office	<b>Type Code:</b>	Statewide
<b>Alternate ID:</b>		<b>Entered Date:</b>	05/16/2013 08:30:49 AM	<b>Control Code:</b>	
<b>Days ARO:</b>	1	<b>Retainage %:</b>	0.00%	<b>Discount %:</b>	0.00%
<b>Print Dest Detail:</b>	If Different				
<b>Catalog ID:</b>		<b>Release Type:</b>	Direct Release	<b>Pcard Enabled:</b>	Yes
<b>Contact Instructions:</b>	Michael Fleming 602-542-2090 michael.fleming@azdoa.gov	<b>Tax Rate:</b>		<b>Actual Cost:</b>	\$0.15

**Master Blanket/Contract End Date (Maximum):** 05/18/2018 11:59:59 PM

**Project No.:**

**Building Code:**

**Cost Code:**

**Special Purchase Types:**

**PIJ NUMBER:**

**Coop Spend To Date:**

**Commodity Reference Id:**

**PO External Doc Type:**

**Agency Attachments:** [PO Terms & Conditions - OLD Contract Administration File Contract File Change Order 01 Summary ADSP013-047795 7.21.13.doc](#) [Certificate of Insurance Contract amendment 1 COI Mission Linen Supply Exp. 01.01.16 ADSP013-047995 Change Order 5 Summary](#)

**Vendor Attachments:**

**Agency Attachment  
Forms:**

**Vendor Attachment  
Forms:**

**Primary Vendor Information & PO Terms**

**Vendor:** 9000003920 - MISSION UNIFORM AND LINEN SUPPLY  
 Chris Phelps  
 2652 South 16th Street Suite A  
 Phoenix, AZ 85034  
 US  
 Email: cphelps@missionlinen.com

**Payment Terms:** 2% 10 Net 30  
**Shipping Method:** Best Way

**Shipping Terms:** As Specified  
**Freight Terms:** Freight Allowed

**PO Acknowledgements:**

Document	Notifications	Acknowledged Date/Time
Alt. Reference: 2000 Order	Emailed to tfernichio@missionlinen.com at 05/16/2013 04:52:44 PM	05/16/2013 04:55:31 PM
Change Order 1	Emailed to tfernichio@missionlinen.com at 07/21/2013 10:24:29 PM	07/22/2013 07:06:10 AM
Change Order 2	Emailed to tfernichio@missionlinen.com at 11/01/2013 04:07:33 PM	11/01/2013 04:12:03 PM

**Master Blanket/Contract Vendor Distributor List**

Vendor ID	Alternative ID	Vendor Name	Preferred Delivery Method	Vendor Distributor Status
9000003920	PZ9000003920	MISSION UNIFORM AND LINEN SUPPLY	Email	Active

**Master Blanket/Contract Controls**

**Master Blanket/Contract Begin Date:** 05/19/2013 **Master Blanket/Contract End Date:** 11/18/2016

**Cooperative Purchasing Allowed:** Yes

Organization	Department	Dollar Limit	Dollars Spent to Date	Minimum Order Amount
ALL ORG - Organization Umbrella Master Control	AGY - Agency Umbrella Master Control	\$0.00	\$138,142.21	\$0.00

**Item Information**

1-5 of 227  
 1 2 3 4 5 6 7 8 9 10

**Print Sequence # 0.1, Item # 227:** This item to be used when receiving items in ProcureAZ using the dollars receipt method 3PS - Sent

NIGP Code: 954-05  
 Laundry and Linen Service

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Dollars	1.0	\$0.00	EA - Each	0.00	\$0.00		\$0.00	\$0.00

Manufacturer: \_\_\_\_\_ Brand: \_\_\_\_\_ Model: \_\_\_\_\_  
 Make: \_\_\_\_\_ Packaging: \_\_\_\_\_  
 Project No.: \_\_\_\_\_  
 Building Code: \_\_\_\_\_  
 Cost Code: \_\_\_\_\_  
 Property Number: \_\_\_\_\_